

Department of Health (DOH) & Department of Human Services (DHS)
Joint Informational Briefing – April 29, 2010
Questions and Answers (Q & A)

1.	<p>Q: Why is there no sign-language interpreter here?</p> <p>A: This was an oversight on DOH/DHS's part, and we appreciate the reminder for future meetings of this type. We apologize for the omission.</p>
2.	<p>Q: What is the last name of the person representing DHS on the discussion panel?</p> <p>A: The name of the person who represented DHS at the presentation is Ms. Patti Bazin, DHS Health Care Service Branch Administrator.</p>
3.	<p>Q: How many consumers currently with AMHD will be impacted with this transition?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> Approximately 1,700 consumers will be impacted.
4.	<p>Q: What will the QUEST eligibility criteria be for adults (SPMI) and children (SEBD)?</p> <p>A: A response will be posted once an interagency review is completed.</p>
5.	<p>Q: Will consumers who have QUEST insurance and are legally encumbered (Conditional Release) transfer to DHS or remain with Adult Mental Health Division (AMHD)?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> Individuals who are forensically encumbered will remain eligible for services with AMHD, statewide, for example: conditional release (CR), jail diversion and mental health court.
6.	<p>Q: Will consumers with QUEST as their secondary insurance coverage remain with AMHD?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> No. The QUEST program services consumers who are non-disabled and 64 years of age or younger. The QUEST program will coordinate their behavioral health services with their primary health insurance. Consumers with Medicare primary and QUEST secondary have their Medicaid health insurance through the QUEST Expanded Access (QExA) program. All consumers in the QExA program will continue to receive their services through AMHD.
7.	<p>Q: Is QUEST Expansion (Ohana and Evercare) to be involved in the transfer in the future? If so approximately when?</p>

	<p>A: AMHD:</p> <ul style="list-style-type: none"> • During the presentation, it was noted that it is planned for a similar transition of consumers who have QUEST Expanded Access (QExA) coverage to their plans in the future. At this time, the QExA plans, by contract language, use the AMHD services for their members. • A similar transition would need to be part of a contract modification to the QExA contract to include modifications to the service array for behavioral health services for individuals with severe and persistent mental illness. • It is expected to be many months in the future, and a more specific time is not able to be described at this point.
8.	<p>Q: Do consumers need to do anything specific to transition to a QUEST health plan?</p> <p>A: Yes.</p> <ul style="list-style-type: none"> • The plan for transition is to have the consumer's current provider coordinate and facilitate the transition to the new provider under the QUEST health plan, and the QUEST health plan provider to outreach and support the consumer transitioning behavioral health services into the QUEST health plan. • The consumer should note the letters or information when they receive it from their current provider and their QUEST health plan about this transition and discuss it with their current service provider. • Consumers should get written descriptions of the transition plans for their care.
9.	<p>Q: How will DOH and health plans communicate with members who are homeless?</p> <p>A:</p> <ul style="list-style-type: none"> • QUEST health plans have mailing addresses for all their members and can communicate with them via this avenue though this is not optimal. • Because case management services play a key role in bridging communications for this population, the QUEST health plans are now in the process of contracting with these service providers. • Existing AMHD case management providers should be talking with their consumers to communicate the upcoming changes and to assist them with the transition. • DHS is very interested in any suggestions to improve communication to our members who are homeless.
10.	<p>Q: When the transition occurs, are any members at risk of losing services that they currently have? How would this be determined?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • It is anticipated that there will be minimal changes to a member's services. • All services must meet medical necessity criteria. • Assessments will be done by the QUEST health plans to determine appropriate services needed. • A member appeals process is available through each QUEST health plan.

	<ul style="list-style-type: none"> Members can file an appeal with DHS if their appeal is upheld through the QUEST health plan. Members must exhaust their appeal rights with their QUEST health plan prior to filing an appeal with DHS. Members may contact the plans directly to submit an appeal.
11.	<p>Q: What happens with case management for mental health services adults?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> Consumers who are getting case management service from a Community Mental Health Center (CMHC) will transition to a QUEST provider, which will be identified and coordinated prior to the movement. Consumers with a Purchase of Service (POS) provider may or may not transition away from their current providers. If the consumer's current AMHD POS provider contracts with the consumer's QUEST health plan, the consumer would have the ability to remain with that provider, subject to QUEST health plan approval.
12.	<p>Q: Will case management activities that are primarily assisting consumers with care coordination that are not covered under MRO still be covered?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> Only current Medicaid-approved services will be authorized and reimbursed by the QUEST health plans.
13.	<p>Q: Will consumers who will transition to QUEST who currently have Peer Coaching and Peer Specialist services continue to receive those services?</p> <p>A: A response will be posted once an interagency review is completed.</p>
14.	<p>Q: How will this change impact psychiatric medication for consumers with mental illness?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> Medication services are the responsibility of the QUEST health plans. This is not a change. Currently, the QUEST health plans are paying for psychiatric medications for both AMHD and CAMHD consumers.
15.	<p>Q: Will Licensed Crisis Residential Services (LCRS), Specialized Residential Services and Expanded Adult Residential Care Home (E-ARCH) Services continue to be provided for consumers who have QUEST coverage?</p> <p>A. AMHD:</p> <ul style="list-style-type: none"> LCRS is part of AMHD's crisis services and will be available to QUEST members. Specialized Residential Services will be covered as per the Therapeutic Living Supports QUEST benefit.

	<ul style="list-style-type: none"> E-ARCH is planned to continue as a service available to consumers being discharged from the Hawaii State Hospital (HSH), and is not an available benefit except for HSH consumers in need of that level and type of service. <p>CAMHD:</p> <ul style="list-style-type: none"> We do not anticipate any changes to these services.
16.	<p>Q: Will crisis stabilization services for CAMHD be required on all islands?</p> <p>A: CAMHD:</p> <ul style="list-style-type: none"> Crisis stabilization services for CAMHD are available on Oahu, Maui and Hawaii Island. On both Lanai and Molokai, a CAMHD Care Coordinator is available. On Kauai, Mokihana provides crisis stabilization services during regular business hours. During non-regular business hours, services are managed by the Wilcox Hospital Emergency Room.
17.	<p>Q: DHS cannot provide vocational rehabilitation services now, how will they handle these services?</p> <p>A: Vocational rehabilitation services are not transitioning to QUEST health plans.</p>
18.	<p>Q: Is Dr. Michels going to work with DOE for partial hospitalization for those under the age of 18 at Molikini Unit? They need a space.</p> <p>A: CAMHD:</p> <ul style="list-style-type: none"> There currently is no partial hospitalization option available at the Molokini Unit (Maui Memorial Hospital).
19.	<p>Q: Will Aloha Care, HMSA QUEST and Kaiser QUEST be ready and funded to operate when AMHD transitions the consumers to them on July 1 & September 1, 2010?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> Yes. The QUEST health plans are going through a readiness review to prepare for the July 1, 2010 transition. DHS anticipates that all three of them will be ready for the behavioral health services transition.
20.	<p>Q: Who oversees QUEST health plans – DOH or DHS?</p> <p>A: DHS contracts with the QUEST health plans to manage care for their assigned members. The DHS oversees the services provided by the QUEST health plans.</p>
21.	<p>Q: What assurances are there that all the money being transferred to DHS will make it's way to the QUEST health plans, will actually pay for care rather than going into unreasonable administrative costs (ex: profit margin, CEO compensation)?</p>

	<p>What audit enforcement mechanism will be used?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • The QUEST health plans submit encounter data to the DHS at least monthly. (Encounter data is a copy of each claim that the health plan pays.) • Quarterly, the QUEST health plans submit a report to DHS that ties their capitation payments (incoming resources) to their encounter data (outgoing resources). Through this monitoring, DHS is able to assure that money that is being provided for services such as behavioral health is actually being spent on behavioral health services . • Additionally, DHS makes an annual report to the Legislature detailing activities from the previous fiscal year.
22.	<p>Q: Will DOH Behavioral Health Administration (BHA) monitor DHS's services for expenditures and outcomes?</p> <p>A: There is no plan for DOH BHA to monitor DHS's cost and expenditures.</p> <ul style="list-style-type: none"> • Both Departments are tasked to report expenditures to the Hawaii State Legislature because the money spent on services is tax payer's dollars. • Both Departments anticipate care to be cost neutral with no increase or decrease in expenditures. • Both AMHD and Child & Adolescent Mental Health Division (CAMHD) utilize quality assurance type programs to ensure quality services are provided and that there is accountability by both the service provider and the BHA Divisions. • DOH BHA and DHS, including the QUEST health plans, will continue to meet regularly throughout the transition period to discuss challenges and monitor progress. • The DHS oversees the performance of the QUEST programs both for quality of services and financially.
23.	<p>Q: QUEST is in deficit and having difficulty paying health plans. How are they going to afford to pay providers for these additional services? Will they reduce reimbursement rates they pay the QUEST health plans?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • The MQD is adding additional resources to the QUEST health plans' capitation payments to assume these additional behavioral health services. • Providers must discuss reimbursement structure with the QUEST health plans. • DHS does not have requirements for behavioral health service provider reimbursement in its contract with the QUEST health plans.
24.	<p>Q: Who controls authorizations of services under QUEST health plans?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • The QUEST health plans have the authority to generate mental health service authorizations for QUEST members assigned to their specific health plan. • See # 25 below for more detail on service authorizations.

25.	<p>Q: Will providers need a new contract and begin to obtain service authorizations from, and billing directly to, the QUEST health plans?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • Yes. Service providers will need QUEST health plan contracts and are encouraged to be in touch with the QUEST health plans to discuss options. • QUEST health plans will honor all prior, “open” AMHD service authorizations for up to 60 days after July 1 and September 1, 2010. This window will allow QUEST health plans the time they need to do their own assessments of their members and their service needs. • QUEST health plans will generate their own authorizations as quickly as they can complete member assessments and determine service levels of care. • Per CAMHD, all existing service authorizations will remain in place.
26.	<p>Q: Is there a requirement for the QUEST health plans to contract with providers?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • Yes, but not with every provider who has a specific service available. The QUEST health plans were provided with the names of the service providers for AMHD and were asked to use AMHD’s network as a guideline. For example, if AMHD contracted with only one provider for one particular service, the expectation is that the QUEST health plan would only need to contract with one provider as well for the similar type service.
27.	<p>Q: Are the QUEST health plans required to contract for Psychosocial Rehabilitation Services?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • Yes, the QUEST health plans are required to contract for Psychosocial Rehabilitation Services.
28.	<p>Q: Are QUEST health plans and providers required to contract with CAMHD?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • Yes.
29.	<p>Q: If AMHD cannot find enough therapists, how will DHS?</p> <p>A:</p> <ul style="list-style-type: none"> • AMHD does not have a shortage of mental health service providers and it is anticipated that DHS will have an adequate provider network as well. • The DHS requires the QUEST plans to have an adequate network of providers, and monitors the adequacy of the provider network on a regular basis.

30.	<p>Q: Will QUEST health plans have a unit rate or a capitated rate for providers?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • QUEST health plans can contract with either a unit or capitated rate. • Providers should ask each QUEST health plan about their methodology for contracting.
31.	<p>Q. If a consumer does not want to transition to a QUEST health plan for their mental health service, do they have any options to continue current services with DOH?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> • The transition is not considered optional, but a consumer does have the right to refuse services from AMHD. • In extraordinary situations, the delay of this transition may be considered, if requested by the consumer. The expectation would be that the reasons not to complete the transition within the timeframes would clearly outweigh the reasons to complete the transition. Requests would be reviewed by the AMHD Acting Chief on an individual basis. • Requests for an extension must be in writing and submitted to: AMHD, Office of Consumer Affairs, P.O. Box 3378, Honolulu, Hawaii 96801-3370. • No phone calls please.
32.	<p>Q: If a member disagrees with the findings of the QUEST health plan, what are the steps to file an appeal?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • See information in question #10. • In addition, QUEST health plans will send out a Notice of Action of any change in services. This Notice of Action will include information on filing an appeal.
33.	<p>Q: If a QUEST member is unhappy with their health plan, can they change it and how?</p> <p>A: DHS:</p> <ul style="list-style-type: none"> • Yes. QUEST members may contact DHS directly to make the request to change plans. • The DHS contact number to call is (Oahu) 524-3370, (Neighbor Island) 1-800-316-8005. • Members may have a one-time plan change between May 1, 2010 and October 31, 2010. Open enrollment for QUEST is from November 1 through 16, 2010 with changes being effective January 1, 2011.
34.	<p>Q: Can AMHD try to ensure that Office of Consumers Affairs stay diligent to answering their phone? It can be frustrating to get an answering machine upon multiple calls when assistance is needed.</p>

	<p>A: AMHD:</p> <ul style="list-style-type: none"> • Yes, this request has been shared with the Office of Consumer Affairs staff.
35.	<p>Q: How will these changes impact state-operated CMHCs?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> • As individual consumers are transitioned to their QUEST health plans for continued services, the state operated CMHCs will be able to accept consumers from POS providers into the centers. • The priority will be to transition forensic consumers from the POS providers into the CMHCs first, then other consumers on a space-available basis.
36.	<p>Q: What will happen to the employees at the AMHD CMHCs since consumers are being moved back to primary insurances?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> • The AMHD employees at our CMHCs will be able to continue working with the consumers remaining in the center and the new consumers who will move into the center from the POS providers to use the open slots created by the transition to the QUEST health plans.
37.	<p>Q: Will there be a “transition diagram” available to help consumers and families stay on the “time-lines”?</p> <p>A: AMHD:</p> <ul style="list-style-type: none"> • Yes, we make a “fact sheet” for consumers – see below. Thank you for the suggestion.
38.	<p>Q: Can you all make a “fact sheet” for consumers that summarize all this information and make it easy for consumers and families to read and understand? The theme of the informational sheet should be “who does this apply to; am I effected?”</p> <p>For example:</p> <ul style="list-style-type: none"> • QUEST → transition last name A- K, eff 07/01/10; last name L - Z, eff 09/01/10 • Quest Expansion → no change • CR consumers → no change <p>A: AMHD:</p> <ul style="list-style-type: none"> • Yes, we make a “fact sheet” for consumers – see below. Thank you for the suggestion.
39.	<p>Q: Will you have this information on the web?</p>

	<p>A: Yes. The web sites for where this information will be posted were listed for both DOH and DHS in one of the last presentation slides.</p> <ul style="list-style-type: none">• The website addresses are as follows:<ul style="list-style-type: none">○ DHS: http://hawaii.gov/dhs/health/medquest/bhqa○ AMHD: http://hawaii.gov/health/doc/DohDhsInformationalBriefingQA.pdf• Please see slide presentation for contact numbers and web site addresses.
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